



REPORT OF SUBSTITUTE TEACHING
Nevada-Utah Conference
OFFICE OF EDUCATION

SUBSTITUTE TEACHER INFORMATION

SCHOOL: _____

SUBSTITUTE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER (LAST 4): _____

DOES SUBSTITUTE HAVE A COLLEGE DEGREE: YES NO

DATE/S	START TIME	END TIME	START TIME	END TIME

TOTAL HOURS: _____

TEACHER ABSENT INFORMATION

TEACHER NAME: _____

REASON FOR ABSENCE:

___ K-12 CURRICULUM COMMITTEE ___ SPRING/FALL ED COUNCIL ___ NUC K-12

___ PERSONAL DAY ___ ILLNESS ___ OTHER _____

SIGNATURE OF SCHOOL BOARD CHAIR/PRINCIPAL DATE

SIGNATURE OF SUPERINTENDENT DATE

SIGNATURE OF CONFERENCE TREASURER DATE

OFFICE USE ONLY

RATE PER DAY \$ _____

CONFERENCE SHARE \$ _____

SCHOOL SHARE \$ _____

TEACHER/PERSONAL \$ _____

FICA, WC \$ _____